

New Jersey Department of Health and Senior Services  
Regulated Medical Waste (RMW) Project

(attach business card)

REPORT OF INSPECTION

|   |   |  |  |
|---|---|--|--|
| Name of Establishment   |   | Date of Inspection<br>____ / ____ / ____   |  |
| Location  |   | SIC Code   |  |
| Owner(s)/Partnership/Corporation  |   | Title (President/CEO/Manager, Etc.)  |  |
| Mailing Address (if different than Location)                                      |   | Tel. No.   |  |
| Name(s) of Related Firm(s)  |   |  |  |
| Individual Responsible for RMW (include degree, eg, DVM)                          |   | Tel. No.   |  |
| Title   |   |  |  |
| RMW Generator ID No.<br>____ - ____ - ____ - ____                                 | RMW Generated/Month (Lbs)<br>____ (Estimated)   | RMW Generator Category (Total Annual Weight)<br>1 <input type="checkbox"/> < 50 Lbs.    3 <input type="checkbox"/> 200-300 Lbs.    5 <input type="checkbox"/> >1000 Lbs.<br>2 <input type="checkbox"/> 50-200 Lbs.    4 <input type="checkbox"/> 300-1000 Lbs. |  |
| Self-Transports RMW?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If "Yes," Destination:  |  |  |
| Treats RMW On-Site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If "Yes," Method of Treatment:<br><input type="checkbox"/> Autoclaving <input type="checkbox"/> Disinfecting<br><input type="checkbox"/> Other (Specify): _____   |  |  |
| Destroys RMW On-Site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," Method of Destruction:<br><input type="checkbox"/> Incineration <input type="checkbox"/> Mechanical Destruction/Chemical Disinfection<br><input type="checkbox"/> Melting <input type="checkbox"/> Other (Specify): _____ |  |  |
| Name of Current RMW Transporter   |   | NJDEP Transporter ID No.<br>____ - ____ - ____ - ____  |  |

GENERATOR CHECKLIST  
("X" denotes Non-Compliance)

| NJAC 7:26-3A   | NJAC 7:26-3A   |
|--|--|
| <p><b>RECORDS RETENTION:</b></p> <p><input type="checkbox"/> .4(b) Records made available (Refused entry)</p> <p><b>REGISTRATION:</b></p> <p><input type="checkbox"/> .8(a) Generator registration<br/><input type="checkbox"/> .8(a)1 Incorrect generator category<br/><input type="checkbox"/> .8(f)1. Generator fee due by 8/20</p> <p><b>SEGREGATION:</b></p> <p><input type="checkbox"/> .10(b)1 Sharps<br/><input type="checkbox"/> .10(b)2 Fluids (&gt; 20 cc)<br/><input type="checkbox"/> .10(b)3 Other</p> <p><b>PACKAGING:</b></p> <p><input type="checkbox"/> .11(b)1 Rigid<br/><input type="checkbox"/> .11(b)2 Leak-resistant<br/><input type="checkbox"/> .11(b)3 Impervious to moisture<br/><input type="checkbox"/> .11(b)4 Tearing or bursting<br/><input type="checkbox"/> .11(b)5 Sealed<br/><input type="checkbox"/> .11(c)1 Sharps, puncture-resistant<br/><input type="checkbox"/> .11(c)2 Fluids &gt; 20 cc, break-resistant sealed<br/><input type="checkbox"/> .11(e) Non-RMW in RMW container</p> | <p><b>STORAGE:</b></p> <p><input type="checkbox"/> .12(a)1 Integrity of packaging<br/><input type="checkbox"/> .12(a)2 Non-putrescent<br/><input type="checkbox"/> .12(a)3 Locked outdoor storage<br/><input type="checkbox"/> .12(a)4 Limited access<br/><input type="checkbox"/> .12(a)5 Protected from animals/vectors<br/><input type="checkbox"/> .12(b)1 Immediate disposal if putrescent<br/><input type="checkbox"/> .12(b)2 Disposal within 1 year of generation<br/><input type="checkbox"/> .12(c) Sharps containers secure</p> <p><b>DECONTAMINATION OF REUSABLE CONTAINERS:</b></p> <p><input type="checkbox"/> .13(a)1 Inner liners not reusable<br/><input type="checkbox"/> .13(a)2 Decontaminate visible contamination<br/><input type="checkbox"/> .13(a)3 Not reusable if not free of visible contamination - handle as RMW<br/><input type="checkbox"/> .13(a)4 Decontaminated containers free of material-inner/outer surfaces.</p> <p><b>LABELING:</b></p> <p><input type="checkbox"/> .14(a)1 Water-resistant label</p> |

# REPORT OF INSPECTION, Continued

|   |  |  |  |
|---|--|--|--|
| Name of Establishment _____   |  | Date of Inspection<br>____ / ____ / ____   |  |
| <b>GENERATOR CHECKLIST</b><br>( <b>"X"</b> denotes Non-Compliance)  |  |  |  |
| <b>NJAC 7:26-3A</b><br><br><b>MARKING:</b><br><input type="checkbox"/> .15(a) Outermost surface waterproof ID tag<br><input type="checkbox"/> .15(a)1.i Generator/intermediate handler name<br><input type="checkbox"/> .15(a)1.ii Generator/intermediate handler address<br><input type="checkbox"/> .15(a)1.iii Transporter name<br><input type="checkbox"/> .15(a)1.iv Transporter NJDEP Reg. No.<br><input type="checkbox"/> .15(a)1.v Date of shipment<br><input type="checkbox"/> .15(a)1.vi Identify contents as RMW<br><input type="checkbox"/> .15(a)2 Inner container also marked<br><input type="checkbox"/> .15(a)2.i Generator/intermediate handler name<br><input type="checkbox"/> .15(a)2.ii Generator/intermediate handler address<br><br><b>GENERAL REQUIREMENTS:</b><br><input type="checkbox"/> .16(a) Generator must determine RMW<br><input type="checkbox"/> .16(d) Generator shall use NJDEP-registered transporter<br><input type="checkbox"/> .16(i) Alternative/Innovative Technology for treatment/destruction RMW approved/authorized NJAC 7:26-3A.4<br><input type="checkbox"/> .16(j) Abandonment of RMW<br><br><b>POSTAL SERVICE SHIPMENT TRACKING:</b><br><input type="checkbox"/> .17(b) Generate <3 cu. ft./month and <3 cu. ft. per shipment (Classes 4 & 7)<br><input type="checkbox"/> .17(b)1 Registered or certified mail/return receipt<br><input type="checkbox"/> .17(b)2 Retain original mail receipts- attach to generator's tracking form<br><input type="checkbox"/> .19(f)1 Signature + date TF (Box 15)<br><input type="checkbox"/> .19(f)2 Note on TF that USPS is the transporter (Box 5), signature and shipment date (Box 16)<br><input type="checkbox"/> .19(f)3 Destination facility information (Boxes 8-10)<br><input type="checkbox"/> .19(f)4 Retain copies 3 and 4<br><input type="checkbox"/> .19(f)5 TF accompanies RMW during transit<br><input type="checkbox"/> .48(c) Out-of-State Facility has certification<br><br><b>TRACKING FORMS (TF):</b><br><input type="checkbox"/> .19(a) NJ RMW TF unless exempt<br><input type="checkbox"/> .19(b) Preparation in accordance with "c" through "g" and the Dept.'s instructions<br><input type="checkbox"/> .19(d)1 Complete Boxes 1 through 15 for each shipment<br><input type="checkbox"/> .19(d)1.i Quantity of RMW in Pounds (Box 13)<br><input type="checkbox"/> .19(d)2 Sign and date by hand (Box 15)<br><input type="checkbox"/> .19(d)3 Transporter signature and acceptance date (Box 16)<br><input type="checkbox"/> .19(d)4 Retain copy 4<br><input type="checkbox"/> .19(h) TF radioactive medical materials |  | <b>NJAC 7:26-3A</b><br><br><b>SELF-TRANSPORTERS:</b><br><input type="checkbox"/> .19(e)1 Sign and date TF (Box 15) "Self-Transport" (Box 5)<br><input type="checkbox"/> .19(e)2 Sign transporter section (Box 16)<br><input type="checkbox"/> .19(e)3 Destination facility info. (Boxes 8-10)<br><input type="checkbox"/> .19(e)5 Retain copies 3 and 4<br><input type="checkbox"/> .19(e)6 TF accompanies RMW during transit<br><input type="checkbox"/> .19(e)7 Comply with 31(d)<br><br><b>GENERATOR RECORD-KEEPING:</b><br><input type="checkbox"/> .21(a)1 Retain TF at least 3 years<br><input type="checkbox"/> .21(a)2 Retain exception reports at least 3 years<br><input type="checkbox"/> .21(b)1 Approximate weight of RMW for treatment and destruction<br><input type="checkbox"/> .21(b)2 Approximate % of RMW, by weight, treated or destroyed<br><input type="checkbox"/> .21(b)3 RMW accepted from other generators by weight, date of acceptance, and destruction date<br><input type="checkbox"/> .21(c) Retention of records for 3 years for treatment and destruction<br><br><b>ANNUAL REPORT REQUIREMENTS:</b><br><input type="checkbox"/> .21(d) Annual report submitted on NJDEP Form<br><input type="checkbox"/> .21(d)1 Date of report<br><input type="checkbox"/> .21(d)2 Description by waste class<br><input type="checkbox"/> .21(d)3 Total weight (lbs.) per waste class<br><input type="checkbox"/> .21(d)4 Name/NJDEP transporter's reg. #<br><input type="checkbox"/> .21(d)5 Name/address of each intermediate handler/destination facility and lbs. of RMW by waste class<br><input type="checkbox"/> .21(d)6 Method of treatment/disposal<br><br><b>GENERATOR RECORDKEEPING</b><br><input type="checkbox"/> .21(f) Annual reports, logs, tracking forms, inspection reports, certificate of registration for the site retained at least 3 years from the date the documents were due or created.<br><br><b>EXCEPTION REPORTING FOR GENERATORS:</b><br><input type="checkbox"/> .22(a) Generator determines status of TF after 35 days<br><input type="checkbox"/> .22(b) Submit exception report to NJDEP within 45 days and send:<br><input type="checkbox"/> .22(b)1 Legible copy of original TF<br><input type="checkbox"/> .22(b)2 Cover letter<br><input type="checkbox"/> .22(c) Retained at least 3 years on-site<br><br><b>OTHER SECTIONS:</b><br><input type="checkbox"/><br><input type="checkbox"/> |  |
| Name of Inspecting Official (Print) _____   |  | License Number/Badge Number<br>_____   |  |
| Signature of Inspecting Official _____  |  | Date of Inspection<br>____ / ____ / ____   |  |
| Signature of Individual Receiving Report _____  |  | Date of Inspection<br>____ / ____ / ____   |  |